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FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P11655 (8)

1. Corporation Name
COHIG & ASSOCIATES, INC.



Principal Place of Business
**6300 S. SYRACUSE WAY
 SUITE 400
 ENGLEWOOD CO 80111
 US**

Mailing Address
**6300 S. SYRACUSE WAY
 SUITE 400
 ENGLEWOOD CO 80111
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 N/A

22 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 N/A

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified
10/02/1986

4. FEI Number
84-0980477

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**NORTON, GREG
 1200 N FEDERAL HWY #301
 BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name N/A

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	HINKLE, STEVEN R	
STREET ADDRESS	6300 S. SYRACUSE WY.. #430	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LARKIN, EDWARD C	
STREET ADDRESS	6300 S. SYRACUSE WY. #430	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	C	<input type="checkbox"/> DELETE
NAME	LOWE, TERRI E	
STREET ADDRESS	6300 S. SYRACUSE WY. #430	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WOOTTEN, RIKE D	
STREET ADDRESS	3700 E. ALAMEDA AVE. #500	
CITY-ST-ZIP	DENVER CO 80111	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LAVIGNE, DAVID	
STREET ADDRESS	6300 S SYRACUSE WAY #400	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOLZ, HAROLD	
STREET ADDRESS	6300 S SYRACUSE WAY #400	
CITY-ST-ZIP	ENGLEWOOD CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO & PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HINKLE, STEVEN	
1.3 STREET ADDRESS	SUITE 400	
1.4 CITY-ST-ZIP		
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BOAN, RUSSELL K.	
2.3 STREET ADDRESS	6300 SO. SYRACUSE WY. #400	
2.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOWE, TERRI	
3.3 STREET ADDRESS	SUITE 400	
3.4 CITY-ST-ZIP		
4.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LEWOLLING, ELLEN A	
4.3 STREET ADDRESS	6300 SO. SYRACUSE WY. #400	
4.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ELLEN A. LEWOLLING 4/1/98 (303) 694-0295

CR2E034 (10/97)